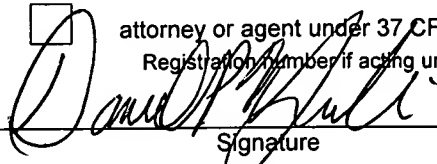

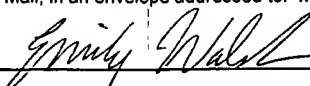


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PTO/SB/22 (12-04)
Approved for use through 7/31/2008. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) M1103.70093US00	
Application Number 09/992451-Conf. #6097		Filed November 16, 2001	
For METHOD AND SYSTEM FOR PROVIDING TRANSPARENT MOBILITY SUPPORT			
Art Unit 2151		Examiner K. Q. Dinh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		01/10/2006 HBIZUNES 00000060 09992451	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		01 FC:1251 120.00 OP	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.		01/11/2006 HBIZUNES 00000029 09992451	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		01 FC:1251 120.00 OP	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,066			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
 Signature		 Date	
Daniel F. McLoughlin Typed or printed name		(617) 646-8330 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: 1/5/2006	Signature:  (Emily K. Walsh)



AMENDMENT TRANSMITTAL LETTER

Docket No.
M1103.70093US00

Application No.
09/092451-Conf. #6097

Filing Date
November 16, 2001

Examiner
K. Q. Dinh

Art Unit
2151

Applicant(s): Pradeep Banl

Invention: METHOD AND SYSTEM FOR PROVIDING TRANSPARENT MOBILITY SUPPORT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 20 =	0	x	
Independent Claims	3	- 3 =	0	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. 23/2825 in the amount of \$ _____
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 120.00 to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 23/2825
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Daniel P. McLoughlin
Attorney/Agent Reg. No. 46,066

Dated: 1/5/06

WOLF, GREENFIELD & SACKS, P.C.
Federal Reserve Plaza
600 Atlantic Avenue
Boston, Massachusetts 02210-2206
(617) 646-8247

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Signature:  (Emily K. Walsh)